

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)</b>						SERIAL NO. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	FILING DATE <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>				
						APPLICANT(S) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				